Revised December 1974

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CALIFORNIA LIQUID WASTE HAULER RECORD STATE WATER RESOURCES CONTROL BOARD

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STATE D	EPARTMENT OF HEALTH SFUND RECORDS CTR
PRODUCER OF WASTE (Must be filled by producer)	HAULER OF WASTE (Must be filled by hauler)
Name ALUMINUM CO OF AMERICA- (PRINT OR TYPE) Pick up Address: 5151 ALCOA AVE VERMON (NUMBER) (STREET) (CITY)	ASBURY OIL CO. 13419 Halldale Ave., Gardena, California 90249 Phone: (213) 321-1392
Telephone Number: ()P.O. or Contract No.:	Pick Up: 5-27-78 Time: 0pm
Order Placed By:	State Liquid Waste Hauler's Registration No. (if applicable): 15
Type of Process which Produced Wastes: ALUMINUM FABRICATOR	Job No.:No. of Loads or Trips:Unit No Vehicle: Vacuum truck Darrels, flatbed, other
DESCRIPTION OF WASTE (Must be filled by producer)	The described waste was hauled by me to the disposal facility named below and was accepted.
Check type of wastes: 1.	I certify (or declare) under penalty of perjury that the foregoing is true and correct.
3. Pesticides 8. Tank bottom sediment 13. Latex waste	DISPOSER OF WASTE (Must be filled by disposer)
4. Paint sludge 9. Oil 14. Mud and water	Name (print or type):
5. Solvent 10. Drilling mud 15. Brine	Site Address:
Other (Specify) 0/4 SLUDGE & WATER	The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and
Components: (Examples: Hydrochloric acid, lime, caustic soda, Concentration:	local restrictions. Quantity measured at site (if applicable):State fee (if any):
	Handling Method(s):
	recovery
·	treatment (specify): (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) CODE NO.
	disposal (specify): pond spreading
	Other (specify):
<u> </u>	If waste is held for disposal elsewhere specify final location:
6.	Disposal Date: 5 - 29 - 38
Hazardous Properties of Waste: pH	I certify (or declare) under penalty of perjury that the foregoing is true and correct.
Bulk Volume: gal al tons, (42 gal.) other specified of the gal.	The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.
Containers: Oumber Orums Cartons bags Sother SU	MD () JA 7
Physical State: solid liquid sludge other spi	ECIFY]
Special Handling Instructions (if any):	
The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).	
I certify (or declare) under penalty of perjury that the (oregoing is true and correct.	FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.
SIGNATURE OF AUTHORIZED AGENT AND T	D.O.T. Proper Shipping Name